

CONTRIBUTIONS OF INTERNATIONAL ACADEMIC MOBILITY HELD IN AUSTRALIA FOR THE TRAINING OF NURSES IN BRAZIL

CONTRIBUIÇÕES DA MOBILIDADE ACADÊMICA INTERNACIONAL REALIZADA NA AUSTRÁLIA PARA A FORMAÇÃO DA ENFERMEIRA NO BRASIL

APORTES DE MOVILIDAD ACADÉMICA INTERNACIONAL REALIZADOS EN AUSTRALIA PARA LA FORMACIÓN DE ENFERMERAS EN BRASIL

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Objective: to identify the contributions of international academic mobility, carried out in Australia, to the training of nurses in Brazil. **Method:** exploratory study with qualitative approach, conducted with eight former exchange students of the Science Without Borders program. The analysis was made by the proposal of the Collective Subject Discourse. **Results:** the experience offered (ex)exchange students a range of opportunities and exchange of experiences for nursing education. The rich experience in studying subjects in Australia was pointed out, comparing the Problem Based Learning methodology with the traditional methodology experienced in Brazil and highlighting its positive effects. The exchange provided the development of technical-scientific and interpersonal skills, experiences of comparing health systems, in addition to improving language skills and building an ethical-political-social commitment and future professional perspectives. **Final considerations:** international academic mobility contributed positively to the training of Brazilian nurses, with evidence of personal and professional development.

Descriptors: International Educational Exchange. Nursing. Students, Nursing. Education, Higher. Health Human Resource Training.

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Objetivo: identificar as contribuições da mobilidade acadêmica internacional, realizada na Austrália, para a formação da enfermeira no Brasil. Método: estudo exploratório com abordagem qualitativa, realizado com oito ex-intercambistas do Programa Ciência sem Fronteiras. A análise foi feita pela proposta do Discurso do Sujeito Coletivo. Resultados: a experiência ofereceu às (ex)intercambistas uma gama de oportunidades e de trocas de experiências para a formação em enfermagem. Foi apontada a rica experiência em cursar disciplinas na Austrália, comparando a metodologia Problem Based Learning com a metodologia tradicional vivenciada no Brasil e destacando seus efeitos positivos. O intercâmbio proporcionou desenvolvimento de habilidades técnico-científicas e interpessoais, vivências de sistemas comparados de saúde, além de aperfeiçoamento das competências linguísticas e de construção de compromisso ético-político-social e perspectivas profissionais futuras. Considerações finais: a mobilidade acadêmica internacional contribuiu positivamente na formação das enfermeiras brasileiras, com evidência de desenvolvimento pessoal e profissional.

Descritores: Intercâmbio Educacional Internacional. Enfermagem. Estudantes de Enfermagem. Educação Superior. Capacitação de Recursos Humanos em Saúde.

Objetivo: identificar las contribuciones de la movilidad académica internacional, realizada en Australia, a la formación de enfermeras en Brasil. Método: estudio exploratorio con enfoque cualitativo, realizado con ocho ex alumnos de intercambio del programa Ciencia sin Fronteras. El análisis se realizó mediante la propuesta del Discurso del Sujeto Colectivo. Resultados: la experiencia ofreció a los estudiantes (ex)de intercambio una gama de oportunidades e intercambio de experiencias para la educación de enfermería. Se señaló la rica experiencia en el estudio de asignaturas en Australia, comparando la metodología de Aprendizaje Basado en Problemas con la metodología tradicional experimentada en Brasil y destacando sus efectos positivos. El intercambio proporcionó el desarrollo de habilidades técnico-científicas e interpersonales, experiencias de comparación de sistemas de salud, además de mejorar las habilidades lingüísticas y construir un compromiso ético-político-social y perspectivas profesionales de futuro. Consideraciones finales: la movilidad académica internacional contribuyó positivamente a la formación de enfermeras brasileñas, con evidencia de desarrollo personal y profesional.

Descriptores: Intercambio Educacional Internacional. Enfermería. Estudiantes de Enfermería. Educación Superior. Capacitación de Recursos Humanos en Salud.

Introduction

The globalized world has created the need to train critical citizens with high levels of education. To this end, internationalization has been emphasized in the study plans and in the teaching and learning processes. Internationalization, because it has a promising future, has motivated students to integrate the process of exchange for quality in professional training, for linguistic improvement, personal valorization and development of autonomy⁽¹⁻²⁾.

To accompany this global development, higher education institutions have been committed to expanding their borders, through the enhancement of academic exchange programs, which provide international mobility⁽³⁾. This enables the student new experiences and opportunities to know different realities, languages, cultures and traditions, with professional relationships beyond those that occur in the country of origin, which promotes

their professional and personal development⁽¹⁾. It is worth noting that internationalization involves a wide set of elements, such as study programs, teaching and learning, research, institutional arrangements, mobility of students and teachers, among others, and results in several proposals and activities that have multiple dimensions and actors in higher education, not constituting a homogeneous or unidirectional process⁽³⁾.

In 2011, the Federal Government, in agreement with the Ministries of Science, Technology and Innovation (MCTI) and Education (MEC), created the Science without Borders program, having as funders the National Council for Scientific and Technological Development (CNPq) and the Coordination for the Improvement of Higher Education Personnel (CAPES). This program was created to enable international academic mobility for countless undergraduate and graduate

students, providing the opportunity for training and training of Brazilians with competitive educational systems in relation to technology and innovation⁽⁴⁾.

In the health field, more precisely nursing, international mobility favors the strengthening of the student's professional education, contributing to make it safer, more autonomous and prepared to face future challenges. By maintaining contact with a different scenario from which he is accustomed, he promotes the expansion of concepts in the area of health and care⁽⁵⁾. When inserted in different work environments and forms of nursing care, in a cross-cultural perspective, the student has the privilege of knowing the health issues of another country. This proximity encourages him to review his concepts, enables the breaking of paradigms and a more reflective look about nursing care⁽¹⁻²⁾. In addition, it promotes the expansion of scientific knowledge in an expanded view of the world regarding social, political, economic, personal and professional issues⁽²⁾.

Although the United States and Canada are the first two most sought-after exchange destinations, Australia has stood out as the third destination for international students, due to its excellence in the higher education system⁽³⁾. Australian Universities are recognized for adopting innovative policies and investing in scholarships and support services for international students. In addition, they promote an educational system with acceptance of language, culture, political and economic interests to students, boosting the country as an educational destination⁽⁶⁻⁷⁾.

The experience of international academic mobility in undergraduate studies presents as its main objective internationalization as a formative device, enabling students to experience in a new curriculum and with different curricular contents, in addition to performing practices with other technologies, providing different realities of the future profession. In graduate school, the main objective is research, establishing networks and knowing different methodologies⁽⁸⁾.

In the student exchange between Australia and Brazil, there are distinctions regarding the

life and work of nurses, in view of the smaller development of Brazil. On the other hand, there are similarities, such as complex health challenges, in the face of a growing population base, expressed by the multiculturalism of peoples⁽⁹⁾. In this context, many nursing students in Brazil experienced international academic exchange in Australia, and it is relevant to recognize the new horizons that have emerge in their training for the development of skills and abilities, justifying the accomplishment of this research.

Thus, this study aimed to identify the contributions of international academic mobility performed in Australia to the training of nurses in Brazil.

Method

This is an exploratory study with a qualitative approach, based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide. Participants were students and/or graduates of undergraduate nursing courses at Brazilian Higher Education Institutions (HEI), who experienced international exchange in Australia, through a grant from the Science without Borders program.

As criteria for participation in the study, were considered: to be a graduate student or graduated in Nursing from any Brazilian HEI, to have conducted an international exchange through the Brazilian government program Science without Borders and to have experienced the exchange experience in Australia. The exclusion criteria were students underage and without access to the Internet and/or electronic devices at the time of data collection.

For the organization of the study participants, the Snowball sampling technique was used⁽¹⁰⁾. The beginning of the sampling was performed by identifying two undergraduates and, then, these indicated other ex-exchange students who fit the inclusion criteria of the research, and so on, until eight participants were reached, at which time there was data saturation. All possible participants indicated accepted the invitation to participate in the study. At the time of data collection, four

of them were already graduated and four were still graduating, but lived in different locations in Brazil. They were invited to take part in the study through Information and Communication Technologies (ICTs), such as e-mails and social networks.

To conduct data collection, 8 individual, semi-structured interviews were conducted in an average duration of 50 minutes each. They were conducted through a video conferencing application, in a private and silent environment. There was no conflict of interest from the researchers. The participants declared agreement to make recordings of the interviews, by prior signing of the Informed Consent Form (ICF). Thus, all interviews were recorded by means of a cell phone in full, which would allow further sending, if requested.

The guiding questions of the dialogues between researcher and participants were: Did you attend Nursing subjects at the HEI where you studied during the exchange? What were the positive and negative aspects of your experience? What were the main reflexes of the Exchange for your personal, professional and cultural training? How is the health system in Australia? How can the knowledge built during the exchange contribute to your professional performance in Brazil? After the experience of exchange and experiences, being completely inserted in other cultures and realities, do you feel differentially prepared to serve the population of foreign and Brazilian immigrants? Why is that?

This study is part of a larger research called "Internationalization and Interculturality in Nursing Education: knowledge and challenges

for former undergraduate students of the Science without Borders program in Australia", which presents different approaches related to international exchange and nurse training. Data collection was performed in 2016 and the analysis process has been carried out gradually, considering the amplitude existing in the approach performed by the macro project.

The data collected, after fully transcribed, were organized and analyzed without the use of software, based on the Collective Subject Discourse (CSD) method⁽¹¹⁾. Therefore, the organization of key expressions (KE) was first developed, which consisted of excerpts or literal transcriptions of the discourses (data), which revealed the essence of the discursive content. Then, the Central Ideas (CI) were organized, in which statements that translated the relevance of the discourse were described, seeking to briefly record its meaning⁽¹¹⁾.

For data analysis, the following route was performed: reading the transcripts of each interview; identification of themes, seeking to group the KE; identification of major themes; identification and grouping of KE by topic; identification of CI in each theme; preparation of the CSD; analysis of the set of CSD in each theme⁽¹¹⁾.

Thus, six CI were highlighted with their respective CSD on the contributions of the international exchange to the training of nurses in Brazil. CSD were prepared in the first person of the singular, as recommended by the method, and listed sequentially. The organization of CI can be viewed in Figure 1.

Figure 1 – Organization of the Central Idea of the discourses of the collective subject

Source: Created by the authors.

The research followed the ethical precepts of Resolution of the Conselho Nacional de Saúde n. 466, 2012, and was approved by the Research Ethics Committee of the *Universidade Federal da Fronteira Sul* through Opinion n. 1,761,157/2016, under the *Certificado de Apresentação de Apreciação Ética* (CAAE) 59749516.6.0000.5564.

All participants signed the ICF, which included agreement with the recording of the interviews. In all stages, the participants were assured confidentiality, autonomy and knowledge about the research. To ensure anonymity in the dissemination of the findings, the discourses presented in this text are coded with the acronym CSD followed by a digit indicative of the corresponding CI.

In this manuscript, Nursing will be treated in the feminine, for reasons of gender representativeness.

Results

The study was conducted with 8 participants, all female, aged between 25 and 26 years, living in 6 cities in states in the 3 regions of Brazil: Northeast, Southeast and South. Regarding personal experience in international academic exchange, they conducted studies at different

universities in Australia, remaining, on average, 16 months.

From the analysis of the CSD emerged six CI, which addressed aspects of the experience in the course of nursing courses in Australia, in contact with new teaching methodologies and new cultures, as well as experiences related to new structures and curricular contents. Moreover, they pointed out comparisons between the health systems of the two countries, reflecting, even, on the commitment to acting as nurses in the return to Brazil.

CI1 – Nursing experience in Australia

I only started two weeks after classes had already started at the university because no professor was accepting me. Having attended nursing there was challenging, that's the most accurate word because they didn't believe me. I was bold and enrolled in the discipline of Nursing Practices [...] and i succeeded. I went to the hospital and went to a nursing institution. I had direct contact with the patient. There in the university's laboratory practices, each student had their own organs to handle. The labs were fantastic! There were those state-of-the-art dolls that practically talk to you. The standard of Australia is quite different from the standard here in Brazil. I also did a subject that was not of the nursing course; it was the course of Physiology, which does not have in Nursing here. I was able to deepen my knowledge and study anatomy in English. I did some more general stories. That was a frustrating part. However, academically, it was very good, because it enriched me a lot as a professional, even if it did not make any difference in the disciplines of my graduation here in Brazil. (CSD1).

By performing academic mobility, the students had the opportunity to experience a new teaching methodology, Problem Based Learning (PBL), which stimulates autonomy and protagonism. In the second CI, presented in CSD2, there is a comparison between this and the traditional teaching method experienced by the participants in Brazil.

CI2 – Experiencing a new teaching methodology

I managed to get another vision of university, with a different teaching. We could get access to classes at home. For example, if you were sick, you didn't have to miss class. There, we studied by the Problem Based Learning (PBL) method, through lectures and tutorials. It was more a self-taught study, being necessary to organize, have control of its own workload, be more autonomous in relation to their studies. In Australia, you go into class, the teacher explains the content, and you are responsible for your own learning. Here in Brazil, he is a teacher, student and classroom. If you don't go, you lose. There was no such charge in the classroom, as in Brazil [...] there, you went through your conscience. There, there's that huge library, with all the resources available to you, a quality internet in college. You have Harvard science papers for free. The University and the classes are very organized. Their workload too [...] they comply with what is in the program. This is all very enriching, and has helped me grow professionally. However, if the student does not know how to deal with his/her schedule and organize his/her studies, he is a little behind. (CSD2)

The third CI concerns personal and professional development due to contact with new cultures.

CI3 – Personal and professional development

We see that it is not the center of the world, that there are other cultures as beautiful and rich as those of Brazil. I imagined myself in one way, and today I see it another, totally different. I came back someone else. The contact with other cultures made me a much more open person, easy communication, acceptance, understanding. I became more tolerant, more flexible and more capable, facing difficulties. I started to see people in a different way, respect more, greater empathy, regardless of whether it's from Belgium, Russia, or some other state in Brazil. Everyone has a different culture, and lives differently and this is something that needs to be respected. The nurse needs to respect these differences. So I learned to deal with things and it made me more thirsty for knowledge. Besides, it added a lot to my work, because the nurse doesn't judge. She gets the person, no matter where she comes from, what she did [...] she's a person and I need to take care of her. I didn't expect that I would be so enriched by the presence of the people of my country, and also by people from other parts of the world. In the exchange, I learned

to break many prejudices, and with that, I was able to improve my interpersonal relationship. (CSD3).

The fourth CI presented the comparison between the Brazilian and Australian health systems.

CI4 – Health System: Brazil vs Australia

I had access to Australia's health system as a patient. He had health insurance, which led to a free care. I've been taken care of very well. It's as if I've passed an improved Sistema Único de Saúde (SUS). Australia's health system is a mixed system, public and private, which the server pays for and it gets back everything it paid for. Here in Brazil, we pay, but not always what we pay will come with quality. Who paid, when I needed health care there, was the Brazilian government, as if it were the SUS. So, until out there, the SUS was worth it to me. Out there, I saw how valuable the health service you have here in Brazil. I also talked to one of the professors at the college and she said that the health there is free, it is already included in taxes. In Australia, they work a lot with Medical Centers, which has doctors of all specialties and in some cases, tests are performed. In the ICU area, the nurse is responsible for a certain number of patients. It's not like here, it's overcrowded. There, the doctor respects you, in the consultation, looks at you from head to toe, really, makes the history complete. It's not like in Brazil, they just look at you and already pass the medication. Humanization is something I could see in the hospital when I was treated. I think the SUS still sins a lot in this. The SUS is very beautiful on paper. Now, how far is it really universal, with assurance of equity and completeness? What I can do as a professional is fight for the SUS, so that it does not end, so that it does not decrease the amount of funding. It is necessary to be an activist, because everyone needs the SUS, and nursing has a lot of responsibility. It is necessary to make the other professionals embrace the cause as well. I can't do it alone, so you need everyone's engagement. (CSD4).

As the fifth CI, the former exchange students evidenced the ethical-political-social commitment to return to Brazil.

CI5 – Ethical-political-social commitment to return to Brazil

I received a very rich opportunity, a year and a half of learning. Because of this, I have an obligation to return to Brazil and do something for the people, because we were financed by the taxes that the Brazilians paid. In my personal and professional life, I try to convey everything I learned there in Australia. I returned to Brazilian society with improved training. I believe that the health student needs to return to Brazil and work in the needy communities, go to schools, teach English, especially in the course itself. The exchange made me come back better to Brazil. Not a more capable and more scientific person, but someone more tolerant and more open to new experiences. On the other hand, the program is very poorly organized and sometimes more than was spent, because I lived with people there who never took a

book to study. They just wanted the money to enjoy, to travel, and it bothered me. (CSD6).

The sixth CI refers to the view that the exchange provided the study participants with a differentiated curriculum, achieved with the development of an extracurricular activity.

CI6 – New perspectives after exchange

I came back with a very different curriculum, with an extra experience, in addition to the language, which greatly enriched my curriculum. When I came back, my teacher invited me to be a scholarship student, I ended up participating in several congresses. I went to teach about exchange and lecture on the Science without Borders program. That reflected in my professional life. I just did the submission to do a professional PhD in Australia, and this was an incredible opportunity that Science Without Borders provided me with, having the privilege of going again as a fellow to conduct research. I want to go back to Brazil and do a lot of things. (CSD5).

Discussion

The international academic mobility carried out in Australia offered (ex)exchange students a range of opportunities and exchange of experiences for nursing training, providing the development of technical, scientific and interpersonal skills, experiences of comparative health systems, as well as improvement of language skills and construction of ethical-political-social commitment, including future professional perspectives.

The student, when performing international academic mobility, faces challenges in another country, such as: different climate from the usual, linguistic and sociocultural barriers, psychological and physiological conditioning to new routines, strangeness and insecurity. However, the problems, in addition to not preventing him from continuing his studies, led him to plan trips to know different places, establish new friendships, and acquire new values and world views⁽²⁾.

The challenges in the experience of the exchange promote the search for solutions to the problems, which adds maturity and new life experiences to the student, enriching him also in the professional sphere⁽²⁾. The perceptions of the study participants showed that it was challenging to study nursing subjects in Australia, which can make the experience as an exchange student

frustrating. However, when attending the basic and specific disciplines, the participants pointed out that there were excellent resources, such as laboratories and infrastructure available.

The laboratory, whether Nursing or interdisciplinary practices, is an essential space for the teaching-learning process, especially with regard to the development of skills. Thus, the closer it approaches reality, the more criticality it will instigate, which contributes to the formation of professionals capable of intervening and transforming reality. For the laboratory to favor critical training, it needs to be considered a scenario that goes beyond its instrumental factors. In this context, problematization is essential, with a view to (re)signifying reality through dialogue, fundamental between educator and student⁽¹²⁾.

In Brazil, the *Diretrizes Curriculares Nacionais* (DCN) for undergraduate Nursing courses advocate the implementation of a methodology that encourages students to problematize about the social reality, consisting of a teaching-learning process with autonomy⁽¹³⁾. However, many undergraduate courses still offer a banking education, highlighted by the Brazilian educator Paulo Freire, in which students attend classes daily and receive knowledge, in a transmissive way, for a few hours, with little or no stimulus for the search for new information, in addition to those deposited by the professor. Freire's criticism translates into understanding that the world is read in order to transform it; thus "[...] no educator will set out alone, men are freed together through dialogue"^(14:33). Thus, the teaching-learning process needs to be emancipatory, loving, liberating and achieved through participation. The consequence is empowerment⁽¹⁴⁾.

In this context, the nurse's education process should be based on a curriculum organized by competencies and aims to motivate nurses to be agents of transformation in the face of health policies, with a level of transformational leadership, in an interprofessional context⁽¹⁵⁾. Although DCN guide the construction of curricula that ensure concrete basic training, in which nurses are able to face the challenges of globalization, there are still structural challenges

in training, so that more appropriate dialogues between theory and practice can be achieved. These need to be optimized to meet the health demands of the population⁽¹⁵⁾.

Despite the various policies, the advances provided with the implementation of DCN and the strategies of *Gestão da Educação na Saúde* established in recent decades, nursing education is still a great challenge, experiencing historical and contemporary problems and difficulties, such as: structural weaknesses in university curricula, which insist on maintaining the Flexnerian logic; didactic practice focused on the expertise of professors and not on meaningful learning and the demands of the health system and the population; the decontextualization of pedagogical projects with the daily life of the world of work and with the social, economic, political, cultural and environmental contexts; the quality of questionable training due to the predominance of excessive theoretical content, to the detriment of practical experiences in the sanitary territories; uniprofessional training that does not consider the process of development and collaborative and interprofessional learning; and the fragmentation between theoretical teaching, extension and research^(15:44).

In Australia, the teaching model experienced by the study participants was the PBL, and it is important to highlight two characteristics: lectures and tutorials. In the lectures is held a lecture for all students matriculated in the discipline, with an average duration of one hour, with no need for physical presence; these are recorded and posted on the student portal and can be watched anywhere. Tutorials, however, are classes in which the student's presence is required, and a minimum of 75% of attendance is required. The day and time of the tutorial is chosen by the student him/herself, at the time of enrollment in the subject⁽¹⁶⁾.

It is worth mentioning that some Australian universities, which present this teaching method, are among the best in the world, taking into account criteria such as quality of education, student satisfaction and global reputation⁽¹⁶⁾. In Brazil, there are also internationally renowned universities. In Australia, however, what stands out is that the student is encouraged to manage his time, to seek knowledge by him/herself, developing his autonomy, pro-activity and transformation. Students should be active and participants in the teaching-learning process through dialogue, which makes them critical

and reflective before the existing reality, being protagonists of their own history⁽¹⁵⁾.

The learning of a differentiated teaching method and the knowledge of a new culture of study generate another professional posture in the university environment and in the classroom, which can differentiate the profile of graduate students after the exchange, causing the development of critical and analytical thinking to occur, with professional growth⁽²⁾.

Living with people of other nationalities, cultures, customs and religions causes students to broaden their horizons, besides allowing stimulus to individual empowerment⁽¹⁷⁾. The interviewees reflected from the perspective that they are not holders of the truth. They also saw that, in teaching, they also learn and that experience is a source of continuous learning, especially in a multicultural society. This set of factors leads students to cross the boundary between being and being more, as described by Paulo Freire⁽¹⁴⁾.

The exchange provides great personal contributions to students, because living with different people, from different places in the world and even from the country itself, adds positively to personal training. The main motivations for an exchange are: learning a new language, knowing new cultures, increasing personal experience and opening horizons⁽²⁾. This experience, during graduation, allows to expand and differentiate the views on nursing, because the experiences allow a greater understanding of health care in a reality different from the usual one, in which different cultures and customs are inserted⁽¹⁻²⁾.

One of the factors mentioned by the interviewees was the presence of humanization of care in health institutions in Australia. Humanization in health care, respectful and empathic approach to patients/clients, sufficient material and human resources and balance with the workload of health professionals are understood. These are prerequisites to establish a mutually beneficial relationship with patients and provide humanized care⁽¹⁸⁾.

In Brazil, in 2003, the *Política Nacional de Humanização* (PNH) of *Atenção e Gestão no Sistema Único de Saúde* (HumanizaSUS)

was created, in order to qualify management and health care practices. However, there are still weaknesses in humanized care, as well as the non-fulfillment of integrality, equity and universality, which are principles of the SUS. There is a long way to go, full of challenges. Thus, it is considered relevant to discuss the principles of the SUS and humanization during graduation, in order to expand the possibilities of contributing, so that the formative processes in health are committed to the quality of care⁽¹⁹⁾.

Brazilian legislation is an international highlight, ensuring health as a right of all and duty of the state. Its policies and programs are unified by the *Ministério da Saúde* and extend throughout the Brazilian territory. Thus, the same orientations are given, but always respecting the autonomy of regional and municipal health networks. In Australia, the federal government is responsible for primary care, and states are responsible for drafting specific legislation for the organization and operation of hospitals and some care for communities⁽⁶⁾.

In Brazil, the public health system almost always pays in full expenses for all Brazilians, including free care to foreigners on Brazilian soil. In Australia, however, beneficiaries (Australian only) are eligible based on a Medicare Benefits Schedule (MBS)⁽²⁰⁾. It is noteworthy that, for immigrants and exchange students, health insurance is required before entering Australia, so that the individual is provided by some means, not needing to use public services and financing.

However, Brazil is at a delicate time, when it is necessary to take into light the changes that have occurred in recent years, especially with regard to the health and education sectors. In 2016, *Emenda Constitucional 55* was approved, aiming to create the *Novo Regime Fiscal da União*. It will last for twenty years and aims to reverse, in the medium and long term, the fiscal imbalance framework, in order to restore confidence in the sustainability of expenditures and public debt⁽²¹⁾. It is believed, however, that deliberating a fixed financing floor for these areas is not the best way to reverse the current financial situation of the country, since health and education are part of the basis of society.

In addition, the demographic and epidemiological transitions that Brazil is experiencing, which result in the increase in the elderly population, together with significant loads of chronic-degenerative diseases, including cognitive disorders and functional disabilities, in addition to regional inequalities⁽²²⁾. As a consequence, the population will need assistance and long-term care, and it is inevitable that service costs will increase. These are experiencing limitations in the inclusion of new treatments, health services and fundamental actions to improve the SUS, which is leading to its degradation, loss of quality and restrictions on access⁽²²⁾.

In this respect, academic mobility between Australia and Brazil brings relevance and consistency, because the Brazilian epidemiological and demographic transitions were not experienced on the same scale by Australia. This, being a country of excellence in health care, can contribute to successful experiences related to the care of the healthy and other complex problems that may exist in the face of regional disparities. It also contributes to the resolution of the complexity of the nursing process directed to the different ethnic groups existing in this country.

Thus, the ethical-political-social commitment of nurses and other health professionals, managers and the population includes the struggle in defense of the SUS, so that it is effective and continuous, in favor of ensuring its principles. In a worldwide perspective, in the field of Nursing, in 2018, the Nursing Now campaign was launched, with the participation of more than 30 countries. It was intended to value this profession and to highlight its importance to improve health services worldwide⁽²³⁾. However, in the case of Brazil, the need to demand better working conditions and appreciation of nurse education stands out.

A possible strategy for improvements in the education of these professionals is to institute meaningful learning in the face of the demands of the health system and the population, considering the social, economic, political, cultural and environmental contexts⁽¹⁵⁾. Thus,

international academic mobility becomes an important tool to provide increased opportunities for knowledge exchange, including the possibility of experiences in another culture, language, curricula, among others. Thus, the student is created the opportunity to develop competencies that expand the understanding of evidence-based practice in nursing⁽²⁾.

The experiences of international mobility allow the student to have a greater global view of the market, fluency in another language(s), among many other knowledge, skills and skills resulting from the exchange. Many graduates, by adding a valued curriculum, are hired more easily⁽²⁾. In addition, the students who participated in Science Without Borders and other types of exchange program presented better performances than the other undergraduates, both in the *Exame Nacional de Desempenho dos Estudantes* (Enade) and in the general training. Thus, this advantage may be a reflection of the experience in universities of excellence abroad⁽³⁾.

According to the Science Without Borders program, it is expected that the investments made in student education contribute to Brazilian scientific development, through their performance as a highly qualified and productive professional⁽⁴⁾. However, the study participants overcame the increase in productivity, referring to the importance of social and cultural return to Brazil, with the ethical commitment to apply their knowledge in the country that supported them.

In the face of this, and although the average cost per student in the Science Without Borders program is almost five times higher than the cost of students from public universities in Brazil, the program has a positive impact on the training of the students who perform it. This is evident in the expansion of scientific knowledge, a broad and reflective view on social, economic and professional issues, besides being a time of development of technical-scientific and interpersonal skills for the student⁽²⁾.

Thus, internationalization is an opportunity to enrich the nurse's training process. By enabling learning with other teaching methodologies,

it provides, in addition to the knowledge of different health systems, to exercise clinical practice by stimulating critical thinking and reasoning, better performing competencies as a nursing professional⁽¹⁷⁾.

Among the possibilities highlighted by the CI IV – New perspectives after exchange, the reflection on the current complexity of health services was distinguished by requiring nurses to be prepared to act in the management of complex information, which includes the English language as a powerful tool for incorporating evidence in the scientific and academic fields⁽²⁴⁾.

The moment of academic mobility during graduation in Australia has given students the opportunity to develop activities related to entrepreneurship. This characteristic of the program has a positive impact on the training of the students who perform it, in this case the nurses, because it enables success in actions such as coordination and realization of projects, services and business. Thus, it brings quality to Brazilian nursing⁽²⁵⁾.

As the main limitation of the study, it is cited the fact that participation was restricted to undergraduate nursing students who exchanged in Australia. However, this factor also contributed to deepen the analysis, having the opportunity to focus on some differences between teaching and health care in Brazil and Australia, which had repercussions on learning and reflections on the ways of knowing and doing health. Another limitation was the non-validation of the data collection instrument before starting the collection. This limitation occurred due to the small number of possible participants identified.

As contributions of the present study can be pointed out the results of the experiences of international exchanges conducted in Australia during the undergraduate nursing program, which fostered the inclusion of the theme in the face of different opportunities and exchanges of experiences for nursing education. Moreover, the benefits provided to the training of professionals with increasingly broad, critical and reflective worldviews were denoted, prepared for the changes that come from globalization.

Final Considerations

The experience of international academic mobility presented contributions that reflected positively in the training of nurses, with evidence of personal and professional development. It also allowed knowing another health system in practice, the Australian, and compare it with the SUS. It was also highlighted the awareness of ethical-political-social commitment to return to Brazil what was invested with the scholarship, denoting potentialities departing from the international educational exchange.

Recognizing the importance of the experiences pointed out for the nurse's education, it is necessary to deepen discussions about the possibilities resulting from the experiences of students who have traveled part of their training in other countries. Thus, the perceptions of the participants of the Science without Borders program are reiterated, which address aspects of personal and professional growth, putting on the agenda positive aspects of public policies for the internationalization of education, especially for the training of nurses.

Collaborations:

1 – conception, design, analysis and interpretation of data: Ariane Sabina Stieven, Cláudio Claudino da Silva Filho and Eleine Maestri;

2 – writing of the article and relevant critical review of the intellectual content: Ariane Sabina Stieven, Jane Kelly Oliveira Friestino, Jeane Barros de Souza and Graciela Soares Fonsêca;

3 – final approval of the version to be published: Ariane Sabina Stieven, Jane Kelly Oliveira Friestino, Jeane Barros de Souza, Graciela Soares Fonsêca, Cláudio Claudino da Silva Filho and Eleine Maestri.

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